

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09786778 FILING DATE 08 MAR 2001  
APPLICANT(S) *Rey*

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1		/					51					
2			/				52					
3			/				53					
4			/				54					
5			/				55					
6			/				56					
7			/				57					
8			/				58					
9			/				59					
10			/				60					
11			/				61					
12			/				62					
13			/				63					
14		/					64					
15			/				65					
16			/				66					
17			/				67					
18			/				68					
19			/				69					
20			/				70					
21			/				71					
22			/				72					
23			/				73					
24			/				74					
25			/				75					
26		/					76					
27			/				77					
28		/					78					
29		/					79					
30			/				80					
31			/				81					
32			/				82					
33			/				83					
34			/				84					
35			/				85					
36			/				86					
37			/				87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			5				TOTAL IND.					
TOTAL DEP.		32					TOTAL DEP.					
TOTAL CLAIMS		37					TOTAL CLAIMS					